

**(Insert Local Area Name here) Workforce Development  
Local Incumbent Worker Trainee Roster**

Business: \_\_\_\_\_

	<b>Trainee Name</b> (List ALL identified in grant application)	<b>Training Topic/Course; Certifications, Etc.</b>	<b>Participation Status</b> (C=Completed; NC=Not Completed)	<b>If not completed, please explain.</b>
1				
2				
3				
4				
5				
6				
7				
8				

(Local Area WDB Name here)  
Guidance for Local Incumbent Worker Grants  
Policy Statement PS 13-2020

10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				

36				
37				
38				
39				
40				